



## 2004 Registration Form

Please complete and mail the form to your local Child Care Resource and Referral Agency.  
(See the Contact List on the Course Schedule sheet for contact information.)

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Please refer to the *Winning Teams* Sites in Missouri for the following section:**

Site Preferred: \_\_\_\_\_

Number: \_\_\_\_\_ City: \_\_\_\_\_

If you wish to register for the entire course, please check **Entire Course**. Otherwise, please check the series you plan to attend. Please consider taking the Entire Course.

☐ **Entire Course**

☐ Guiding Behavior (February 17, 24 and March 2)

☐ Nurturing the Young Learner (March 9, 16 and 23)

☐ Learning to Read and Write (April 13, 20 and 27)

Indicate Position: (Check all that apply.)

☐ Teacher

☐ Director/Administrator

☐ Family Services/Family Support Worker

☐ Parent Educators

☐ Related Services Provider

☐ Assistant Teacher/Aide/Paraprofessional

☐ Trainer/Coordinator/Supervisor

☐ College Faculty in Early Childhood

☐ Parent

☐ Other

Age Group Working With: (Check all that apply.)

☐ Infants

☐ Toddlers

☐ Age 3

☐ Age 4

☐ Age 5

☐ Age 5+